



Request for Applications

RFA # A-352

Nurse-Family Partnership Home Visiting

FUNDING AGENCY: North Carolina Department of Health and Human Services
Division of Public Health
Women's and Children's Health Section
Children and Youth Branch

ISSUE DATE: August 1, 2018

DEADLINE DATE: September 5, 2018

INQUIRIES and DELIVERY INFORMATION:

Direct all inquiries concerning this RFA to:

Chris Bryant, Health & Wellness Unit Manager, 919-707-5640

christopher.bryant@dhhs.nc.gov

Applications will be received until 5:00 pm on Wednesday, September 5, 2018.

Electronic copies of the application are available by request.

Send all electronic applications directly to the funding agency address as indicated below:

Email Address:

christopher.bryant@dhhs.nc.gov

IMPORTANT NOTE: Indicate agency/organization name and RFA number on the front of each application envelope or package, along with the RFA deadline date.

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INTRODUCTION

The Children and Youth Branch in the Women's and Children's Health Section, Division of Public Health (DPH) is seeking one local agency (e.g., hospital, community health center, local health department, local Smart Start partnership, other non-profit and local government agency) that is interested in implementing Nurse-Family Partnership (NFP) Home Visiting with model fidelity (See Appendix B: NFP Model Elements) in a five-county area (Northampton, Hertford, Halifax, Edgecombe and Nash counties). The goal is to make the transition from the current implementing agency to the new implementing agency with the least disruption to staff and clients currently being served by Northampton County Health Department. The maximum award will be \$630,228 per year, for up to three years (prorated in year one, based on a November 2018 – May 2019 contract period, in the amount of \$367,633). Funds can be used to hire and train staff, purchase curriculum materials, identify and recruit participants, implement the NFP home visiting model and comply with the models and State reporting requirements.

ELIGIBILITY

This Request for Application (RFA) is open to any public or private non-profit agency (e.g., hospital, community health center, local health department, local Smart Start partnership, or other non-profit and local government agency) willing to provide services in the defined five-county service area (Northampton, Hertford, Halifax, Edgecombe and Nash counties). Preference will be given to applicants that demonstrate a transition plan from the current implementing agency, Northampton County Health Department, including transition of current staff, client base and program materials and resources. The successful applicant must agree to participate in required training, meet data reporting requirements, and implement the programs with model fidelity to assure expected program outcomes.

A critically important, component of the MIECHV program is the implementation of NFP home visiting program with model fidelity. Applicants should be fully familiar with the NFP model and must comply with all the parameters given by the NFP National Service Office (NSO), including staffing levels, staff qualifications, participant eligibility standards, frequency of home visits, content of encounters, program reporting requirements, etc. Applicants must provide letters of commitment and support from the NFP NSO. The applications will not be considered without these letters.

FUNDING

The funding for this RFA will result in the award of one contract or agreement addenda for only one local implementing agency. Any public or private not-for-profit agency may be the lead applicant agency for the defined geographic area. The funding period for the contract or agreement addenda awarded through this RFA will begin on November 1, 2018 and end on May 31, 2019 with the option to renew for two additional one-year periods, pending the availability of Federal and State funds. The budget periods are: November 1, 2018 – May 31, 2019; June 1, 2019 – May 31, 2020; and June 1, 2020 – May 31, 2021. The maximum award will be \$630,228 per year for up to three years (The prorated estimate in the first year based on the start date of the contract is \$367,633). The total available funding for the three-year budget period is \$1,890,684. The annual state amount for the period funded in this RFA is \$125,000 awarded through The Joint Conference Committee Report on The Base, Expansion and Capital Budgets for House Bill 97. The annual federal amount is \$505,228 awarded through the

Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant. Year one funding is pro-rated for a period of 7 months in the amount of \$72,919 in state funds and \$294,714 in federal funds.

I. BACKGROUND

On March 23, 2010, the President signed into law the Patient Protection and Affordable Care Act of 2010 (Affordable Care Act, P.L. 111-148), historic and transformative legislation designed to make quality, affordable health care available to all Americans, reduce costs, improve health care quality, enhance disease prevention, and strengthen the health care workforce. Through a provision authorizing the creation of the MIECHV, the Affordable Care Act (ACA) responds to the diverse needs of children and families in communities at risk and provides an unprecedented opportunity for collaboration and partnership at the Federal, State, and community levels to improve health and development outcomes for at-risk children through evidence-based home visiting programs.

This program is designed: (1) to strengthen and improve the programs and activities carried out under Title V; (2) to improve coordination of services for at-risk communities; and (3) to identify and provide comprehensive services to improve outcomes for families who reside in at-risk communities. The legislation reserves the majority of funding for one or more evidence-based home visiting models.

Home visiting should be viewed as one of several service strategies embedded in a comprehensive, high-quality early childhood system that promotes maternal, infant, and early childhood health, safety, and development, and strong parent-child relationships. Envisioned is high-quality, evidence-based home visiting programs as part of an early childhood system for promoting health and well-being for pregnant women, children through age eight and their families. This system would include a range of other programs such as child-care, Head Start, pre-kindergarten, special education, health, social-emotional and early elementary education.

The Health Resources and Services Administration (HRSA) and Administration for Children and Families (ACF) believe that this law provides an unprecedented opportunity for Federal, State, and local agencies, through their collaborative efforts, to effect changes that will improve the health and well-being of vulnerable populations by addressing child development within the framework of life course development and a socio-ecological perspective. Life course development points to broad social, economic, and environmental factors that can contribute to either poor or favorable health and development outcomes for children, as well as to persistent inequalities in the health and well-being of children and families. The socio-ecological framework emphasizes that children develop within families, families exist within a community, and the community is surrounded by the larger society. These systems interact with and influence each other to either decrease or increase risk factors or protective factors that affect a range of health and social outcomes.

II. SCOPE OF SERVICES

Input:

Any public or private not-for-profit agency (e.g., hospitals, community health centers, local health departments, local Smart Start partnerships, and other non-profit and local government agencies) may be the lead applicant agency for the defined geographic area. The initial proposed annual contract period will begin on November 1, 2018 and end on May 31, 2019 with the option to renew for two years, pending the availability of Federal and State funds. The budget periods are: November 1, 2018 – May 31, 2019; June 1, 2019 – May 31, 2020; and June 1, 2020 – May 31, 2021. The maximum award will be \$630,228 per year for up to three years (prorated in the first year, based on a November start date with an estimated budget of \$367,633). The total available funding for the three-year budget period is \$1,890,684. The annual state amount for the period funded in this RFA is \$72,919 and the annual federal amount is \$294,714.

To be eligible for initial funding, the applicant must implement the NFP home visiting program with model fidelity in the defined geographic area. To be eligible for renewal funding, the project must demonstrate improvement in required performance outcomes (See Appendix C: MIECHV Benchmarks Summary and Appendix D: NC MIECHV Monthly Update).

The federal funders view this initiative as a collaborative effort among a range of state stakeholders. To mirror this collaborative process at the local agency, all local applications should include a statement of collaboration signed by the heads of the following local agencies: the health department, the Division of Social Services, the Local Management Entity, the Head Start and the Smart Start agency. Additional stakeholder letters of support are appropriate. The applicant agency is not required to be one of the agencies mentioned above: local stakeholders will need to meet and determine which local agency can best carry out this home visiting initiative successfully.

Agency Capacity

Applicant agencies should be able to demonstrate that their agency is well prepared to support this initiative and implement it successfully. There should be a history of interagency collaboration and substantial evidence of the engagement of local stakeholders and local leaders.

The applicant agency should be able to demonstrate a successful track record of implementing initiatives of this sort: not specifically home visiting programs, but evidence-based programs in general and programs relevant to families, particularly families with young children.

Model Fidelity

A critically important, component of the MIECHV program is the implementation of NFP home visiting program with model fidelity. Applicants should be fully familiar with the NFP model and must comply with all the parameters given by the NFP NSO, including staffing levels, staff qualifications, participant eligibility standards, frequency of home visits, content of encounters, program reporting requirements, etc. Applicants must provide a letter of commitment and support from the NFP NSO. The application will not be considered without this letter.

Non-Supplantation

This initiative is intended to bring new resources to high need communities. It must not be used to supplant currently funded efforts.

Output:

The Contractor shall for a minimum of 125 first-time, low-income mothers:

1. Implement NFP Home Visiting Program with model fidelity in the defined geographic area (Northampton, Hertford, Halifax, Edgecombe and Nash Counties).
2. Maintain staffing patterns as required by the NFP NSO. The State requires that the NFP Nurse Supervisor have a BS in nursing and a master's degree in nursing or a related public health area.
3. Assure that staff members meet educational and experiential requirements of the NFP NSO at <https://www.nursefamilypartnership.org/> and the NC MIECHV Program at <https://www2.ncdhhs.gov/dph/wch/aboutus/ebhv.htm>, and participate in orientation and ongoing education/training, technical assistance, consultation and coaching from the NSO and the NC MIECHV Program to continue to increase competency and to support fidelity.
4. Maintain a contract or service agreement with the NFP NSO.
5. Assure that the NC MIECHV Program Office is notified of a staff vacancy within 5 working days, and that staff vacancies are addressed in a timely way with a recruiting plan submitted to the Program Office within 10 working days of the vacancy occurring.
6. Participate in ongoing technical assistance provided by Children & Youth (C&Y) MIECHV Program Office through a combination of communications that are in-person, by telephone, online webinars, and/or written.
7. Maintain resource and referral systems, including primary health care, mental health services, employment assistance, child-care, alcohol / drug treatment, other appropriate resources and both formal and informal support services, that are kept current and made accessible to the team of home visitors.
8. Conduct outreach activities to educate community partners about the evidence-based home visiting model(s) implemented and systems work to improve the early childhood community.
9. Work collaboratively with other family strengthening programs in the community to assure a continuum of services for families.
10. Maintain a new or existing community advisory board (CAB) that includes, but is not limited to, participation by the health department, social services, mental health, substance abuse services, Head Start/Early Head Start, local Smart Start partnership, and family representation.
11. Collect data on all benchmark areas (See Appendix C) and NC MIECHV Program Monthly Service Data Report (See Attachment D).
 - a. Maintain and utilize the Disease Management Coordination Network (DMCN) data system for client data.
 - b. Data specified by the State or the National Offices must be collected for eligible families that have been enrolled in the program who receive services funded through the contract or agreement addenda.
 - c. Each benchmark area required by the State includes multiple constructs. Funded sites must collect data for all constructs under each benchmark area that is requested by the State.
 - d. In addition to the reporting requirements for each benchmark area, applicants must collect individual-level demographic and service-utilization data on the participants in their program as necessary to analyze and understand the progress children and families are making.
 - e. Individual-level demographic and service-utilization data may include but are not limited to the following:

- i. Family's participation rate in the home visiting program (e.g., number of sessions/number of possible sessions, duration of sessions);
 - ii. Demographic data for the participant child(ren), pregnant woman, expectant father, parent(s), or primary caregiver(s) receiving home visiting services including: child's gender, age of all (including age in month for child) at each data collection point and racial and ethnic background of all participants in the family;
 - iii. Participant child's exposure to languages other than English;
 - iv. Family socioeconomic indicators (e.g., family income, employment status); and
 - v. Other data as specified by the State and Federal governments (See Applicant's Response Section VII. 3)
- f. A plan for data safety and monitoring, including privacy of data, administration procedures that do not place individuals at risk of harm (e.g., questions related to domestic violence and child maltreatment reporting), and compliance with applicable regulations related to IRB/human subject protections, Health Insurance Portability and Accountability Act (HIPAA), and Family Educational Rights and Privacy Act (FERPA). The site must provide training for all relevant staff on these topics.
- 12. Design and participate in acceptable continuous quality improvement strategies for the home visiting model implementation.
 - 13. Maintain an approved budget for the home visiting initiative that adheres to local, State and Federal requirements.

Outcomes:

- 1. According to the federal announcement, the program is designed:
 - a. To strengthen and improve the programs and activities carried out under Title V;
 - b. To improve coordination of services for at-risk communities; and
 - c. To identify and provide comprehensive services to improve outcomes for families who reside in at-risk communities.
- 2. Report on all benchmark areas and all constructs listed in Appendix C and comply with State selections of measures for each construct using the State reporting schedules. The State will select these measures to align with data collection required by the NFP model.
- 3. Demonstrate successful implementation of the NFP home visiting model, interagency collaboration and engagement of local stakeholders and local leaders.
- 4. Demonstrate that the NFP model is being provided and meeting model fidelity.
- 5. Staff must be trained to implement and support the NFP model for the defined geographical area.
- 6. Provide and annual accounting of actual program fiscal expenditures, program revenues (if applicable), and other sources of funding for the program including in-kind contributions.

Service Quality:

The Contractor shall adhere to the following service quality measures for this contract:

- 1. Services shall be provided by staff that meet the education and experiential requirements of the NFP National Service Office and NC MIECHV Program.
- 2. Services shall be provided by staff who have received training by the NFP National Service Office.

3. Services shall be provided in a culturally and linguistically appropriate manner according to Title VI requirements.
4. Services shall be provided in a manner that meet the NFP National Service Office requirements for model fidelity (See Appendix B).

The Contractor shall be monitored according to the following plan:

1. The NFP NSO and the NC MIECHV Program Office will monitor program quality through the collections and distribution of program implementation and outcome information on the mothers and their children enrolled in the program. In collaboration with the NFP NSO, the NC MIECHV Program will review data collected for determining ongoing quality improvement and to ensure model fidelity.
2. The Contractor shall be required to establish and use a continuous quality improvement method to self-monitor and improve services. The NC MIECHV Program will use the data/information to monitor and consult on service delivery outcomes for clients to assist the Contractor to strengthen program outcomes. All performance monitoring and quality assurance will be conducted in collaboration with the NFP NSO.
3. Program outcomes and fiscal reports from the community programs will be made available to the key partners and NFP Funders.
4. The contract will be monitored by the C&Y Program Manager per the Division of Public Health (DPH) monitoring plan.

III. GENERAL INFORMATION ON SUBMITTING APPLICATIONS

1. Award or Rejection

All qualified applications will be evaluated, and award made to that agency or organization whose combination of budget and service capabilities are deemed to be in the best interest of the funding agency. The funding agency reserves the unqualified right to reject any or all offers if determined to be in its best interest. Successful applicants will be notified by September 19, 2018.

2. Cost of Application Preparation

Any cost incurred by an agency or organization in preparing or submitting an application is the agency's or organization's sole responsibility; the funding agency will not reimburse any agency or organization for any pre-award costs incurred.

3. Elaborate Applications

Elaborate applications in the form of brochures or other presentations beyond that necessary to present a complete and effective application are not desired.

4. Oral Explanations

The funding agency will not be bound by oral explanations or instructions given at any time during the competitive process or after awarding the grant.

5. Reference to Other Data

Only information that is received in response to this RFA will be evaluated; reference to information previously submitted will not suffice.

6. Titles

Titles and headings in this RFA and any subsequent RFA are for convenience only and shall have no binding force or effect.

7. Form of Application

Each application must be submitted on the form provided by the funding agency and will be incorporated into the funding agency's Performance Agreement (contract).

8. Exceptions

All applications are subject to the terms and conditions outlined herein. All responses will be controlled by such terms and conditions. The attachment of other terms and conditions by any agency or organization may be grounds for rejection of that agency or organization's application. Funded agencies and organizations specifically agree to the conditions set forth in the Performance Agreement (contract).

9. Advertising

In submitting its application, agencies and organizations agree not to use the results therefrom or as part of any news release or commercial advertising without prior written approval of the funding agency.

10. Right to Submitted Material

All responses, inquiries, or correspondence relating to or in reference to the RFA, and all other reports, charts, displays, schedules, exhibits, and other documentation submitted by the agency or organization will become the property of the funding agency when received.

11. Competitive Offer

Pursuant to the provision of G.S. 143-54, and under penalty of perjury, the signer of any application submitted in response to this RFA thereby certifies that this application has not been arrived at collusively or otherwise in violation of either Federal or North Carolina antitrust laws.

12. Agency and Organization's Representative

Each agency or organization shall submit with its application the name, address, and telephone number of the person(s) with authority to bind the agency or organization and answer questions or provide clarification concerning the application.

13. Proprietary Information

Trade secrets or similar proprietary data which the agency or organization does not wish disclosed to other than personnel involved in the evaluation will be kept confidential to the extent permitted by NCAC TO1: 05B.1501 and G.S. 132-1.3 if identified as follows: Each page shall be identified in boldface at the top and bottom as "CONFIDENTIAL." Any section of the application that is to remain confidential shall also be so marked in boldface on the title page of that section.

14. Participation Encouraged

Pursuant to Article 3 and 3C, Chapter 143 of the North Carolina General Statutes and Executive Order No. 77, the funding agency invites and encourages participation in this RFA by businesses owned by minorities, women and the disabled, including utilization as subcontractor(s) to perform functions under this Request for Applications.

15. Contract

The Division will issue a contract to the recipient of the RFA funding. Expenditures can begin immediately upon receipt of a completely signed contract.

IV. APPLICATION PROCUREMENT PROCESS AND APPLICATION REVIEW

The following is a general description of the process by which applicants will be selected for funding for this project.

1. Announcement of the Request for Applications (RFA)

The announcement of the RFA and instructions for receiving the RFA will be posted at the following DHHS website on August 1, 2018: <http://www.ncdhhs.gov/about/grant-opportunities/public-health-grant-opportunities>.

2. Distribution of the RFA

RFAs will be distributed via email to interested agencies and organizations beginning August 1, 2018 and posted the C&Y Branch website at: <https://www2.ncdhhs.gov/dph/wch/aboutus/childrenyouth.htm>

3. Question & Answer Period

Written questions concerning the specifications in this RFA will be received until August 8, 2018. Please submit questions to Chris Bryant at christopher.bryant@dhhs.nc.gov. As an addendum to this RFA, a summary of all questions and answers will be emailed by August 14, 2018 to all agencies and organizations sent a copy of this RFA. Question responses will be placed at the following website: <https://www2.ncdhhs.gov/dph/wch/aboutus/childrenyouth.htm>.

4. Applications

Applicants shall submit an electronic application as an email attachment with all signatures signed in blue ink and scanned in color as PDF document to Chris Bryant at christopher.bryant@dhhs.nc.gov by 5:00pm on Wednesday, September 5, 2018. The email shall include the applying agency/organization name and RFA #A-352 in the subject line. Faxed applications will not be accepted.

5. Format

The application must be typed, single-side on 8.5" x 11" paper with margins of 1". Line spacing should be single-spaced. The font should be easy to read and no smaller than an 11-point font.

6. Space Allowance

Page limits are clearly marked in each section of the application. Refer to *VII. 3 Applicant's Response* for specifics.

7. Application Deadline

All applications must be received by the date and time on the cover sheet of this RFA via electronic submission to christopher.bryant@dhhs.nc.gov by 5:00 pm, on September 5, 2018.

8. Receipt of Applications

Applications from each responding agency and organization will be logged into the system representing the date of receipt via electronic submission from the responding agency. Agency will receive an email confirming receipt of the submission.

9. Review of Applications

Applications are reviewed by a multi-disciplinary committee of public and private health and human services providers who are familiar with the subject matter. Staff from applicant agencies may not participate as reviewers.

Applications will be evaluated by a committee according to completeness, content, experience with similar projects, ability of the agency's or organization's staff, cost, etc. The State reserves the right to conduct site visits as part of the application review and award process. The award of a grant to one agency and organization does not mean that the other applications lacked merit, but that, all facts considered, the selected application was deemed to provide the best service to the State. Agencies and organizations are cautioned that this is a request for applications, and the funding agency reserves the unqualified right to reject any and all applications when such rejections are deemed to be in the best interest of the funding agency.

10. Request for Additional Information

At their option, the application reviewers may request additional information from any or all applicants for the purpose of clarification or to amplify the materials presented in any part of the application. However, agencies and organizations are cautioned that the reviewers are not required to request clarification. Therefore, all applications should be complete and reflect the most favorable terms available from the agency or organization.

11. Audit

Please be advised that successful applicants may be required to have an audit in accordance with G.S. 143C-6-22 and G.S. 143C-6-23 as applicable to the agency's status.

G.S. 143C-6-23 requires every nongovernmental entity that receives State or Federal pass-through grant funds directly from a State agency to file annual reports on how those grant funds were used.

There are 3 reporting levels which are determined by the total direct grant receipts from all State agencies in the entity's fiscal year:

Level 1: Less than \$25,000

Level 2: At least \$25,000 but less than \$500,000

Level 3: \$500,000 or more

Level 3 grantees are required to submit a "Yellow Book" Audit done by a CPA. Only Level 3 grantees may include audit expenses in the budget. Audit expenses should be pro-rated based on the ratio of the grant to the total pass-through funds received by the entity.

12. Assurances

The contract may include assurances that the successful applicant would be required to execute prior to receiving a contract as well as when signing the contract.

13. Additional Documentation to Include with Application

All applicants are required to include documentation of their tax identification number.

Those applicants which are private non-profit agencies are to include a copy of an IRS determination letter regarding the agency's 501(c)(3) tax-exempt status. (This letter normally includes the agency's tax identification number, so it would also satisfy that documentation requirement.)

In addition, those private non-profit agencies are to provide a completed, signed, and notarized page verifying continued existence of the agency's 501(c)(3) status. (An example of this page is provided in section *VII.7 Verification of 501(c)(3) Status*.)

14. Federal Certifications

Agencies or organizations receiving Federal funds would be required to execute Federal Certifications regarding Non-discrimination, Drug-Free Workplace, Environmental Tobacco Smoke, Debarment, Lobbying, and Lobbying Activities. A copy of the Federal Certifications is included in this RFA for your reference (see Appendix A). Federal Certifications should NOT be signed or returned with application.

15. System for Award Management Database (SAM)

All grantees receiving federal funds must be actively registered in the federal government's System for Award Management (SAM) database or be willing to complete the registration process in conjunction with the award (see www.sam.gov). To maintain an active SAM record, the record must be updated no less than annually.

16. Additional Documentation Prior to Contract Execution

Contracts require more documentation prior to contract execution. After the award announcement, agencies will be contacted about providing the following documentation:

- a. A completed and signed letter from the agency's Board President/Chairperson identifying individuals as authorized to sign contracts. (A reference version appears in Appendix A.)
- b. A completed and signed letter from the agency's Board President/Chairperson identifying individuals as authorized to sign expenditure reports. (A reference version appears in Appendix A.)
- c. Documentation of the agency's Data Universal Numbering System (DUNS) number. Documentation consists of a copy of communication (such as a letter or email correspondence) from Dun & Bradstreet (D&B) which indicates the agency or organization's legal name, address, and DUNS number. In lieu of a document from D&B, a copy of the agency or organization's SAM record is acceptable.

If your agency does not have a DUNS number, please use the D&B online registration (<http://fedgov.dnb.com/webform>) to receive one free of charge. (DUNS is the acronym for the Data Universal Numbering System developed and regulated by D&B.)

Contracts with private non-profit agencies require additional documentation prior to contract execution. After the award announcement, private non-profit agencies will be contacted about providing the following documentation:

- a. A completed, signed, and notarized statement which includes the agency's Conflict of Interest Policy. (A reference version appears in Appendix A.)
- b. A completed, signed, and notarized page certifying that the agency has no overdue tax debts. (A reference version appears in Appendix A)

All grantees receiving funds through the State of North Carolina are required to execute Contractor Certifications Required by North Carolina Law. A copy of the certifications is included in this RFA for your reference (see Appendix A). Contractor Certifications should NOT be signed or returned with application.

Note: At the start of each calendar year, all agencies with current DPH contracts are required to update their contract documentation. These agencies will be contacted a few weeks prior to the due date and will be provided the necessary forms and instructions.

17. Registration with Secretary of State

Private non-profit applicants must also be registered with the North Carolina Secretary of State to do business in North Carolina or be willing to complete the registration process in conjunction with the execution of the contract documents. (Refer to: https://www.sosnc.gov/divisions/business_registration)

18. Federal Funding Accountability and Transparency Act (FFATA) Data Reporting Requirement

The Contractor shall complete and submit to the Division, the Federal Funding Accountability and Transparency Act (FFATA) Data Reporting Requirement form within 10 State Business Days upon request by the Division when awarded \$25,000 or more in federal funds. A reference version appears in Appendix A.

19. Iran Divestment Act

As provided in G.S. 147-86.59, any person identified as engaging in investment activities in Iran, determined by appearing on the Final Divestment List created by the State Treasurer pursuant to G.S. 147-86.58, is ineligible to contract with the State of North Carolina or any political subdivision of the State.

20. Boycott Israel Divestment Policy

As provided in Session Law 2017-193, any company that boycotts Israel, determined by appearing on the Final Divestment List created by the State Treasurer pursuant to Session Law 2017-193 is ineligible to contract with the State of North Carolina or any political subdivision of the State.

21. Application Process Summary Dates

08/01/2018: Request for Applications released to eligible applicants.

08/08/2018: End of Q&A period. All questions due in writing by 5pm.

08/14/2018: Answers to Questions released to all applicants, as an addendum to the RFA.

09/05/2018: Applications due by 5pm.

09/19/2018: Successful applicants will be notified.

11/01/2018: Proposed contract start date.

V. PROJECT BUDGET

Budget and Justification

Applicants must submit a budget, which requires a line item budget for each year of funding and a narrative justification.

Narrative Justification for Expenses

A narrative justification must be included for every expense listed in the budget. Each justification should show how the amount on the line item budget was calculated, and it should be clear how the expense relates to the project.

Travel Reimbursement Rates

Mileage reimbursement rates must be based on rates determined by the North Carolina Office of State Budget and Management (OSBM). Because mileage rates fluctuate with the price of fuel, the OSBM will release the “Change in IRS Mileage Rate” memorandum to be found on OSBM’s website when there is a change in this rate. The current state mileage reimbursement rate is 54.5 cents per mile.

For other travel related expenses, please refer to the current rates for travel and lodging reimbursement, presented in the chart below. However, please be advised that reimbursement rates periodically change. The Division of Public Health will only reimburse for rates authorized in OSBM’s North Carolina Budget Manual or adopted by means of an OSBM Budget Memo. These documents are located here: <https://www.osbm.nc.gov/library>

Current Rates for Travel and Lodging

Meals (<i>meals are not reimbursable unless there is overnight travel</i>)	In State	Out of State
Breakfast	\$8.40	\$8.40
Lunch	\$11.00	\$11.00
Dinner	\$18.90	\$21.60
<i>Total Meals Per Diem Per Day</i>	<i>\$38.30</i>	<i>\$41.00</i>
Lodging (<i>Maximum rate per person, excludes taxes and fees</i>)	\$71.20	\$84.10
Total Travel Allowance Per Day	\$109.50	\$125.10
Mileage	\$0.545 per mile	

Other Restrictions (if applicable)

Audits

G.S. 143C-6-23 requires every nongovernmental entity that receives State or Federal pass-through grant funds directly from a State agency to file annual reports on how those grant funds were used.

There are 3 reporting levels that are determined by the total direct grant receipts from all State agencies in the entity’s fiscal year:

Level 1: Less than \$25,000

Level 2: At least \$25,000 but less than \$500,000

Level 3: \$500,000 or more

Level 3 grantees are required to submit an audit. Only Level 3 grantees may include audit expenses in the budget. Audit expenses should be pro-rated based on the ratio of the grant to the total pass-through funds received by the entity.

Indirect Cost

Indirect cost is the cost incurred for common or joint objectives which cannot be readily identified but are necessary to the operations of the organization, e.g., the cost of operating and maintaining facilities, depreciation, and administrative salaries. Regulations restricting the allocation of indirect cost vary based on the funding source.

Federal MIECHV Funds

Indirect cost is allowed on the portion of the sub-award funded by the MIECHV grant.

Where the applicant has a Federal Negotiated Indirect Cost Rate (FNICR), the applicant agency may request up to the federally negotiated rate. The total modified direct cost identified in the applicant's FNICR shall be applied. A copy of the FNICR must be included with the applicant's budget.

If the applicant does not have an FNICR, a 10% indirect cost rate (known as the *de minimis* rate) may be used on the total, modified direct cost as defined in 2 CFR 200.68, *Modified Total Direct Cost (MTDC)*, with no additional documentation required, per the U.S. Office of Management and Budget (OMB) Omni-Circular. Applicants must indicate in the budget narrative that they wish to use the *de minimis* rate, or some part thereof. Applicants who do not wish to claim any indirect cost should enter "No indirect cost requested" in the indirect cost line item of the budget narrative.

Estimated portion of subaward funded by MIECHV is as follows for each year:

<u>Year</u>	<u>MIECHV Funding Estimate</u>
1	\$294,714 (Prorated in Year One, based on the contract start date)
2	\$505,228
3	\$505,228

State Funds

Indirect cost is not allowed on the portion of the sub-award funded by State funds.

Estimated portion of subaward funded by State funds is as follows for each year:

<u>Year</u>	<u>State Funding Estimate</u>
1	\$72,919 (Prorated in Year One, based on the contract start date)
2	\$125,000
3	\$125,000

VI. EVALUATION CRITERIA

Scoring of Applications

Applications shall be scored based on the responses to the four application content areas. Each content area shall be scored on a scale of 0 to 4 based on the scale below:

- | | | |
|----------|------------------|--|
| 0 | NO VALUE | Applicant did not address the application area. |
| 1 | POOR | Applicant only marginally addressed the application area. |
| 2 | AVERAGE | Applicant adequately addressed the application area. |
| 3 | GOOD | Applicant did a thorough job of addressing the application area. |
| 4 | EXCELLENT | Applicant provided a superior response to the application area. |

Each content area will be weighted and the score of 0 to 4 will be multiplied by the assigned weight of the content area. (If the content area has a weight = 10 and it is rated 4 (excellent) the total will be 40 points.) The highest total score is 100 points. The scoring procedure is described below:

- 1. Readiness for Implementation:**
Weight = 7.5, Total maximum points = 30
- 2. Leadership and Collaboration:**
Weight = 7.5, Total maximum points = 30
- 3. Quality Assurance:**
Weight = 5, Total maximum points = 20
- 4. Letters of Commitment and Support:**
Weight = 5, Total maximum points = 20

Each of the content areas will be scored according to the numerical values stated above.

- 5. Letters of Commitment and Support from NFP/NSO:**
Without this letter, the application will not be considered.

VII. APPLICATION

Application Checklist

The following items must be included in the application and assemble the application in the following order:

1. ___ **Cover Letter**
2. ___ **Application Face Sheet**
3. ___ **Applicant's Response/Form**
4. ___ **Project Budget**
 Include a budget in the format provided.
5. ___ **Indirect Cost Rate Approval Letter**
 Federal: Indirect costs are allowed on the federal funded portion. Include a copy of agency FNICR Letter, if claiming greater than the 10% de minimis rate.
 State: Indirect costs are not allowed on the state funded portion.
6. ___ *IRS Documentation:*
 ___ **IRS Letter Documenting Your Organization's Tax Identification Number** (public agencies)
 ___ **IRS Determination Letter Regarding Your Organization's 501(c)(3) Tax-exempt Status** (private non-profits)
7. ___ **Verification of 501(c)(3) Status Form** (private non-profits)

1. Cover Letter

The application must include a cover letter, on agency letterhead, signed and dated by an individual authorized to legally bind the Applicant.

Include in the cover letter:

- the legal name of the Applicant agency
- the RFA number
- the Applicant agency's federal tax identification number
- the Applicant agency's DUNS number
- the closing date for applications.

2. Application Face Sheet

This form provides basic information about the applicant and the proposed project with Nurse-Family Partnership Home Visiting, including the signature of the individual authorized to sign “official documents” for the agency. This form is the application’s cover page. Signature affirms that the facts contained in the applicant’s response to RFA # A-352 are truthful and that the applicant is in compliance with the assurances and certifications that follow this form and acknowledges that continued compliance is a condition for the award of a contract. Please follow the instructions below.

1. Legal Name of Agency:	
2. Name of individual with Signature Authority:	
3. Mailing Address (include zip code+4):	
4. Address to which checks will be mailed:	
5. Street Address:	
6. Contract Administrator: Name: Title:	Telephone Number: Fax Number: Email Address
7. Agency Status (check all that apply): <input type="checkbox"/> Public <input type="checkbox"/> Private Non-Profit <input type="checkbox"/> Local Health Department	
8. Agency Federal Tax ID Number:	9. Agency DUNS Number:
10. Agency’s URL (website):	
11. Agency’s Financial Reporting Year:	
12. Current Service Delivery Areas (county(ies) and communities):	
13. Proposed Area(s) To Be Served with Funding (county(ies) and communities):	
14. Amount of Funding Requested	
15. Projected Expenditures: Does applicant’s state and/or federal expenditures exceed \$500,000 for applicant’s current fiscal year (excluding amount requested in #14) Yes <input type="checkbox"/> No <input type="checkbox"/>	
The facts affirmed by me in this application are truthful and I warrant that the applicant is in compliance with the assurances and certifications contained in NC DHHS/DPH Assurances Certifications. I understand that the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of a contract. The governing body of the applicant has duly authorized this document and I am authorized to represent the applicant.	
16. Signature of Authorized Representative:	17. Date

3. Applicant's Response

The Contractor shall for each targeted community proposed, provide the following information.

A. Readiness for Implementation: Demonstrate Capacity for Implementation (Page limit = two (2) pages, single-spaced); Total Maximum points = 30

- (a) The goal is to make the transition from the current implementing agency to the new implementing agency with the least disruption to staff and clients currently served by Northampton County Health Department. Describe your transition and recruitment plan for taking leadership of the current implementing agency. *This may include current resources, administrative system, staffing plan, technology support, data systems, training necessary, financial support system/s and integrity, coaching and supervision, competency of staff employed, and leadership skills.*
- (b) Given the expectation related to the effective transition and implementation of the program, what aspects of transition and implementation might present the greatest challenge?
- (c) Describe the agency's readiness for replication of the program including: expert assistance available; number of replications accomplished; examples available for observation; how well the program is operationalized; and your professional working relationship and familiarity with the Nurse Family Partnership (NFP) / National Service Office (NSO).

B. Leadership and Collaboration: Level of Leadership Commitment and County Collaboration (Page limit = two (2) pages, single-spaced); Total Maximum points = 30

- (a) Who are county-level decision makers who will provide leadership to the Home Visiting initiative? How will decision makers be engaged in this initiative? Please describe.
- (b) How effectively does this initiative fit (connect, align, blend) with or support other current initiatives in the service region?
- (c) How do current agency priorities, structures, and supports contribute or serve as barriers to the Home Visiting initiative? Please describe.
- (d) How does agency/organizational structure and regional/community values support the successful transition and implementation of the home visiting initiative? Please describe.

C. Quality Assurance: Monitoring and Continuous Quality Assurance (Page limit = one (1) page single-spaced); Total Maximum points = 20

- (a) Describe your plan for ensuring implementation with fidelity to the model. Include a description of the following: (1) The targeted community's overall approach to home visiting; (2) Quality assurance; (3) Program assessment; and (4) Support of model fidelity.

- (b) Discuss anticipated challenges and risks to maintaining quality and fidelity, and the proposed response to the issues identified.

D. Letters of Commitment and Support; Total Maximum points = 20

- (a) Letters of commitment must be included from any agency or community organization integral to the success or implementation of the proposed activities. Examples of such agencies include those that will provide clinical services, outreach services, financial support, meeting space, transportation, access to participants or comparison group members, or services to participants beyond the scope of the applicant agency.
- (b) The federal funders view this initiative as a collaborative effort among a range of state stakeholders. To mirror this collaborative process at the local agency, all local applications must include a statement of collaboration signed by the heads of the following local agencies: the health department, the Division of Social Services, the Local Management Entity (LME), the Head Start and the Smart Start agency. You may write just one letter to demonstrate collaborative agreement and obtain all the appropriate signatures on that one letter to meet requirements.
- (c) Additional stakeholder letters of support are appropriate. Stakeholders will need to meet and determine which local agency can best carry out this home visiting initiative successfully. Reviewers will not consider letters that appear to be from a template so please do not submit them. Support letters must demonstrate concretely how an agency will provide or support the home visiting program. Meaningful letters are preferred over quantity.

E. Support letter from the NFP/NSO – *Without the support letter, the application will NOT be considered. For further information please contact April Harley, Executive Director North Carolina/South Carolina NFP at 704-576-2696.*

4. Project Budget

Applicants **must** complete a program budget and a budget justification narrative that lists all expenses for all activities for the following budget periods: November 1, 2018 – May 31, 2019; June 1, 2019 – May 31, 2020; and June 1, 2020 – May 31, 2021. The maximum annual budget for each of these budget periods is \$630,228 (the November 2018 – May 2019 prorated estimated budget amount is \$367,633).

Applicants can access the Nurse-Family Partnership National Service Office for budget guidance at: <https://www.nursefamilypartnership.org/about/contact-us/>

Applicants are required to use the Microsoft Excel Open Window Budget Worksheet for the application budget. This worksheet can be downloaded along with the RFA from the Children and Youth Branch website at: <https://www2.ncdhhs.gov/dph/wch/aboutus/childrenyouth.htm>.

A narrative justification must be included for *every* expense listed in the budget. Each justification should show how the amount on the line item budget was calculated, and it should be clear how the expense relates to the project. Reference *How to Fill out the Open Window Budget Form* which can be downloaded along with the RFA from the Children and Youth Branch website at:

<https://www2.ncdhhs.gov/dph/wch/aboutus/childrenyouth.htm>.

If you have trouble accessing the budget template, please call Chris Bryant at 919-707-5640 or by email at christopher.bryant@dhhs.nc.gov. **The budget must be submitted as an Excel document on the electronic copy of the proposal documents. Do not remove any of the formulas in the Excel document.**

Guidance for the main budget categories is found below:

A. Personnel

Provide staff names (if known), position title, and a brief description of the positions that shall be funded with grant funds in the justification narrative section.

B. Travel

Identify name and titles of staff for whom travel is proposed, briefly explain the purpose of the travel and how it relates to the action plan and provide an estimate of mileage and per diem costs showing how those expenses were calculated. (Note: travel must be computed at rates no higher than the current State regulations).

Mileage reimbursement rates must be based on rates determined by the North Carolina Office of State Budget and Management (OSBM). Because mileage rates fluctuate with the price of fuel, the OSBM will release the “Change in IRS Mileage Rate” memorandum to be found on OSBM’s website when there is a change in this rate. The current state mileage reimbursement rate is 54.5 cents per mile.

For other travel related expenses, please refer to the current rates for travel and lodging reimbursement. However, please be advised that reimbursement rates periodically change. The Division of Public Health will only reimburse for rates authorized in OSBM’s North Carolina Budget Manual or adopted by means

of an OSBM Budget Memo. These documents are located here: <https://www.osbm.nc.gov/library> and in Section V. Project Budget on pg. 18 of this RFA.

C. Supplies

Supplies listed in the supply line item must be itemized. For example, 5 boxes of pens @ \$5.00 each = \$25.00; 2 boxes of copy paper @ \$50 each = \$100.

D. Operating Expenses

Applicants should include the costs of utilities and telephone services only when directly related to program activities. Cost for the purchase or rental/lease and maintenance of equipment may be included.

5. Indirect Cost Rate Approval Letter (if applicable)

If indirect cost on the federal funded portion is requested beyond the de minimis rate of 10% on the Modified Total Direct Cost (MTDC), the agency must attach a copy of their FNICR letter.

No indirect cost is allowed on the state funded portion.

6. IRS Letter

Public Agencies:

Provide a copy of a letter from the IRS which documents your organization's tax identification number. The organization's name and address on the letter must match your current organization's name and address.

Private Non-profits:

Provide a copy of an IRS determination letter which states that your organization has been granted exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. The organization's name and address on the letter must match your current organization's name and address.

This IRS determination letter can also satisfy the documentation requirement of your organization's tax identification number.

7. Verification of 501 (c) (3) Status Form
Verification of 501 (C)(3) Status

We, the undersigned entity, hereby testify that the undersigned entity's 501 (c)(3) status, on file with the North Carolina Department of Health and Human Services is still in effect.

Name of Agency

Signature of Chairman, Executive Director, or other authorized official

Title of above signed authorized official

Sworn to and subscribed before me this _____ day of _____, 20__.

Notary Signature and Seal

Notary's commission expires _____, 20 ____.

Appendix A Forms for Reference

Do **NOT** complete these documents at this time **nor return them** with the
RFA response.

They are for reference only.

FEDERAL CERTIFICATIONS

The undersigned states that:

- (a) He or she is the duly authorized representative of the Contractor named below;
- (b) He or she is authorized to make, and does hereby make, the following certifications on behalf of the Contractor, as set out herein:
 - a. The Certification Regarding Nondiscrimination;
 - b. The Certification Regarding Drug-Free Workplace Requirements;
 - c. The Certification Regarding Environmental Tobacco Smoke;
 - d. The Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions; and
 - e. The Certification Regarding Lobbying;
- (c) He or she has completed the Certification Regarding Drug-Free Workplace Requirements by providing the addresses at which the contract work will be performed;
- (d) [Check the applicable statement]
 - ☐ He or she **has completed** the attached **Disclosure of Lobbying Activities** because the Contractor **has made, or has an agreement to make**, a payment to a lobbying entity for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action;
 - OR**
 - ☐ He or she **has not completed** the attached **Disclosure of Lobbying Activities** because the Contractor **has not made, and has no agreement to make**, any payment to any lobbying entity for influencing or attempting to influence any officer or employee of any agency, any Member of Congress, any officer or employee of Congress, or any employee of a Member of Congress in connection with a covered Federal action.
- (e) The Contractor shall require its subcontractors, if any, to make the same certifications and disclosure.

Signature

Title

Contractor [Organization's] Legal Name

Date

[This Certification must be signed by a representative of the Contractor who is authorized to sign contracts.]

I. Certification Regarding Nondiscrimination

The Contractor certifies that it will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (h) the Food Stamp Act and USDA policy, which prohibit discrimination on the basis of religion and political beliefs; and (i) the requirements of any other nondiscrimination statutes which may apply to this Agreement.

II. Certification Regarding Drug-Free Workplace Requirements

1. **The Contractor certifies** that it will provide a drug-free workplace by:
 - a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Contractor's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
 - b. Establishing a drug-free awareness program to inform employees about:
 - (1) The dangers of drug abuse in the workplace;
 - (2) The Contractor's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
 - c. Making it a requirement that each employee be engaged in the performance of the agreement be given a copy of the statement required by paragraph (a);
 - d. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the agreement, the employee will:
 - (1) Abide by the terms of the statement; and
 - (2) Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction;
 - e. **Notifying the Department within ten days after receiving notice under subparagraph (d)(2) from an employee or** otherwise receiving actual notice of such conviction;

- f. Taking one of the following actions, within 30 days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:
- (1) taking appropriate personnel action against such an employee, up to and including termination; or
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency; and
- g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).
2. The sites for the performance of work done in connection with the specific agreement are listed below (list all sites; add additional pages if necessary):
- Street Address No.1:
-
- City, State, Zip Code:
-
- Street Address No.2:
-
- City, State, Zip Code:
-
3. Contractor will inform the Department of any additional sites for performance of work under this agreement.
4. False certification or violation of the certification may be grounds for suspension of payment, suspension or termination of grants, or government-wide Federal suspension or debarment. 45 C.F.R. 82.510.

III. Certification Regarding Environmental Tobacco Smoke

Public Law 103-227, Part C-Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000.00 per day and/or the imposition of an administrative compliance order on the responsible entity.

The Contractor certifies that it will comply with the requirements of the Act. The Contractor further agrees that it will require the language of this certification be included in any subawards that contain provisions for children's services and that all subgrantees shall certify accordingly.

IV. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions

Instructions

[The phrase "prospective lower tier participant" means the Contractor.]

1. By signing and submitting this document, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of the fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originate may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant will provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549, 45 CFR Part 76. You may contact the person to whom this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter any lower tier covered transaction with a person who is debarred, suspended, determined ineligible or voluntarily excluded from participation in this covered transaction unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this document that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized in paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension, and/or debarment.

Certification

- a. **The prospective lower tier participant certifies**, by submission of this document, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- b. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

V. Certification Regarding Lobbying

The Contractor certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federally funded contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form SF-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award document for subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) who receive federal funds of \$100,000.00 or more and that all subrecipients shall certify and disclose accordingly.
4. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000.00 and not more than \$100,000.00 for each such failure.

VI. Disclosure of Lobbying Activities

Instructions

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member

of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or sub-award recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in Item 4 checks "Subawardee", then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (Item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal Identifying number available for the Federal action identified in Item 1 (e.g., Request for Proposal (RFP) number, Invitation for Bid (IFB) number, grant announcement number, the contract grant, or loan award number, the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in Item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in Item 4 to influence the covered Federal action.

(b) Enter the full names of the individual(s) performing services and include full address if different from 10(a). Enter Last Name, First Name and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (Item 4) to the lobbying entity (Item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate boxes. Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.

13. Check the appropriate boxes. Check all boxes that apply. If other, specify nature.
14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
15. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.
16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

1. Type of Federal Action: <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance		2. Status of Federal Action: <input type="checkbox"/> a. Bid/offer/application <input type="checkbox"/> b. Initial Award <input type="checkbox"/> c. Post-Award		3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: Year_____ Quarter_____ Date of Last Report:_____	
4. Name and Address of Reporting Entity: <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, (if known) Congressional District (if known) _____			5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime: Congressional District (if known) _____		
6. Federal Department/Agency: _____			7. Federal Program Name/Description: CFDA Number (if applicable) _____		
8. Federal Action Number (if known) _____			9. Award Amount (if known) : \$ _____		
10. a. Name and Address of Lobbying Registrant <i>(if individual, last name, first name, MI):</i> <i>(attach Continuation Sheet(s) SF-LLL-A, if necessary)</i>			b. Individuals Performing Services <i>(including address if different from No. 10a.) (last name, first name, MI):</i> <i>(attach Continuation Sheet(s) SF-LLL-A, if necessary)</i>		
11. Amount of Payment <i>(check all that apply)</i> : \$ _____ actual _____ planned _____			13. Type of Payment <i>(check all that apply)</i> : <input type="checkbox"/> a. retainer <input type="checkbox"/> b. one-time fee <input type="checkbox"/> c. commission <input type="checkbox"/> d. contingent fee <input type="checkbox"/> e. deferred <input type="checkbox"/> f. other; specify: _____		
12. Form of Payment <i>(check all that apply)</i> : <input type="checkbox"/> a. cash <input type="checkbox"/> b. In-kind; specify: Nature _____ Value _____					
14. Brief Description of Services Performed or to be Performed and Date(s) of Services, including officer(s), employee(s), or Member(s) contacted, for Payment Indicated in Item 11 <i>(attach Continuation Sheet(s) SF-LLL-A, if necessary)</i> :					
15. Continuation Sheet(s) SF-LLL-A attached: <input type="checkbox"/> Yes <input type="checkbox"/> No					

<p>16. Information requested through this form is authorized by title 31 U. S. C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U. S. C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.</p>	<p>Signature: _____</p> <p>Print Name: _____</p> <p>Title: _____</p> <p>Telephone No: _____ Date: _____</p>	
<p>Federal Use Only</p>	<p>Authorized for Local Reproduction Standard Form - LLL</p>	

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, D. C. 20503

LETTER TO IDENTIFY INDIVIDUALS TO SIGN CONTRACTS

Letter from Board President/Chairperson Identifying Individuals as Authorized to Sign Contracts

I, _____, Board President/Chairperson of
_____ [Agency/Organization's legal name]

hereby identify the following individual(s) who is (are) authorized to sign **Contracts** for the
organization named above:

Printed Name	Title
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Reference only — Not for signature

Signature	* Title	Date
	<i>* Indicate if you are the Board President or Chairperson</i>	

LETTER TO IDENTIFY INDIVIDUALS TO SIGN EXPENDITURE REPORTS

Letter from Board President/Chairperson Identifying Individuals as Authorized to Sign Contract Expenditure Reports

I, _____, Board President/Chairperson of
_____ [Organization's legal name] hereby
identify the following individual(s) who is (are) authorized to sign **Contract Expenditure
Reports** for the organization/agency named above:

Printed Name	Title	Signature
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Reference only — Not for signature

_____ Signature	_____ * Title	_____ Date
	<i>* Indicate if you are the Board President or Chairperson</i>	

NOTARIZED STATEMENT AND CONFLICT OF INTEREST POLICY

Notarization of Conflict of Interest Policy

State of North Carolina, County of _____
I, _____, Notary Public for said County and State, certify that
_____ personally appeared before me this day and
acknowledged that he/she is _____
[title]
of _____
[name of organization]
and by that authority duly given and as the act of the Organization, affirmed that the foregoing
Conflict of Interest Policy was adopted by the Board of Directors/Trustees or other governing
body in a meeting held on the ____ day of _____, _____.
Sworn to and subscribed before me this _____ day of _____, 20____.

Notary Signature and Seal

Notary's commission expires _____, 20 ____.

Instruction for the Organization:

Sign below and **attach the organization's Conflict of Interest Policy** which is referenced
above.

Reference only — Not for signature

Signature of above named Organization Official

Conflict of Interest Policy

The Board of Directors/Trustees or other governing persons, officers, employees or agents are to avoid any conflict of interest, even the appearance of a conflict of interest. The Organization's Board of Directors/Trustees or other governing body, officers, staff and agents are obligated to always act in the best interest of the organization. This obligation requires that any Board member or other governing person, officer, employee or agent, in the performance of Organization duties, seek only the furtherance of the Organization mission. At all times, Board members or other governing persons, officers, employees or agents, are prohibited from using their job title, the Organization's name or property, for private profit or benefit.

A. The Board members or other governing persons, officers, employees, or agents of the Organization should neither solicit nor accept gratuities, favors, or anything of monetary value from current or potential contractors/vendors, persons receiving benefits from the Organization or persons who may benefit from the actions of any Board member or other governing person, officer, employee or agent. This is not intended to preclude bona-fide Organization fund raising-activities.

B. A Board or other governing body member may, with the approval of Board or other governing body, receive honoraria for lectures and other such activities while not acting in any official capacity for the Organization. Officers may, with the approval of the Board or other governing body, receive honoraria for lectures and other such activities while on personal days, compensatory time, annual leave, or leave without pay. Employees may, with the prior written approval of their supervisor, receive honoraria for lectures and other such activities while on personal days, compensatory time, annual leave, or leave without pay. If a Board or other governing body member, officer, employee or agent is acting in any official capacity, honoraria received in connection with activities relating to the Organization are to be paid to the Organization.

C. No Board member or other governing person, officer, employee, or agent of the Organization shall participate in the selection, award, or administration of a purchase or contract with a vendor where, to his knowledge, any of the following has a financial interest in that purchase or contract:

1. The Board member or other governing person, officer, employee, or agent;
2. Any member of their family by whole or half blood, step or personal relationship or relative-in-law;
3. An organization in which any of the above is an officer, director, or employee;
4. A person or organization with whom any of the above individuals is negotiating or has any arrangement concerning prospective employment or contracts.

D. **Duty to Disclosure** — Any conflict of interest, potential conflict of interest, or the appearance of a conflict of interest is to be reported to the Board or other governing body or one's supervisor immediately.

E. **Board Action** — When a conflict of interest is relevant to a matter requiring action by the Board of Directors/Trustees or other governing body, the Board member or other governing person, officer, employee, or agent (person(s)) must disclose the existence of the conflict of

interest and be given the opportunity to disclose all material facts to the Board and members of committees with governing board delegated powers considering the possible conflict of interest. After disclosure of all material facts, and after any discussion with the person, he/she shall leave the governing board or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining board or committee members shall decide if a conflict of interest exists.

In addition, the person(s) shall not participate in the final deliberation or decision regarding the matter under consideration and shall leave the meeting during the discussion of and vote of the Board of Directors/Trustees or other governing body.

F. Violations of the Conflicts of Interest Policy — If the Board of Directors/Trustees or other governing body has reasonable cause to believe a member, officer, employee or agent has failed to disclose actual or possible conflicts of interest, it shall inform the person of the basis for such belief and afford the person an opportunity to explain the alleged failure to disclose. If, after hearing the person's response and after making further investigation as warranted by the circumstances, the Board of Directors/Trustees or other governing body determines the member, officer, employee or agent has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

G. Record of Conflict — The minutes of the governing board and all committees with board delegated powers shall contain:

1. The names of the persons who disclosed or otherwise were found to have an actual or possible conflict of interest, the nature of the conflict of interest, any action taken to determine whether a conflict of interest was present, and the governing board's or committee's decision as to whether a conflict of interest in fact existed.
2. The names of the persons who were present for discussions and votes relating to the transaction or arrangement that presents a possible conflict of interest, the content of the discussion, including any alternatives to the transaction or arrangement, and a record of any votes taken in connection with the proceedings.

Approved by:

Reference only — Not for signature

Legal Name of Organization

Signature of Organization Official

Title of Organization Official

Date

NO OVERDUE TAX DEBTS CERTIFICATION

State Grant Certification – No Overdue Tax Debts¹

To: State Agency Head and Chief Fiscal Officer

Certification:

We certify that the _____
[Organization's full legal name] does not have any overdue tax debts, as defined by **N.C.G.S. 105-243.1**, at the federal, State, or local level. We further understand that any person who makes a false statement in violation of **N.C.G.S. 143C-6-23(c)** is guilty of a criminal offense punishable as provided by **N.C.G.S. 143C-101(b)**.

Sworn Statement:

_____ [Name of Board Chair] and
_____ [Name of Second Authorizing Official] being
duly sworn, say that we are the Board Chair and
_____ [Title of Second Authorizing Official],
respectively, of _____
[Agency/Organization's full legal name] of _____ [City] in the State of
_____ [State]; and that the foregoing certification is true, accurate and
complete to the best of our knowledge and was made and subscribed by us. We also
acknowledge and understand that any misuse of State funds will be reported to the appropriate
authorities for further action.

Reference only — Not for
signature

Board Chair

Reference only — Not for
signature

Title

Date

Signature

Title of Second Authorizing Official

Date

Sworn to and subscribed before me this _____ day of _____, 20__.

Reference only — Not for signature

Notary Signature and Seal

Notary's commission expires _____, 20__.

¹ G.S. 105-243.1 defines: Overdue tax debt – Any part of a tax debt that remains unpaid 90 days or more after the notice of final assessment was mailed to the taxpayer. The term does not include a tax debt, however, if the taxpayer entered into an installment agreement for the tax debt under G.S. 105-237 within 90 days after the notice of final assessment was mailed and has not failed to make any payments due under the installment agreement."

CONTRACTOR CERTIFICATIONS

Contractor Certifications Required by North Carolina Law

Instructions

The person who signs this document should read the text of the statutes listed below and consult with counsel and other knowledgeable persons before signing.

- The text of Article 2 of Chapter 64 of the North Carolina General Statutes can be found online at:
http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/ByArticle/Chapter_64/Article_2.pdf
- The text of G.S. 105-164.8(b) can be found online at:
http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_105/GS_105-164.8.pdf
- The text of G.S. 143-48.5 (S.L. 2013-418, s. 2.(d)) can be found online at:
<http://www.ncga.state.nc.us/Sessions/2013/Bills/House/PDF/H786v6.pdf>
- The text of G.S. 143-59.1 can be found online at:
http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143/GS_143-59.1.pdf
- The text of G.S. 143-59.2 can be found online at:
http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143/GS_143-59.2.pdf
- The text of G.S. 147-33.95(g) (S.L. 2013-418, s. 2.(e)) can be found online at:
<http://www.ncga.state.nc.us/Sessions/2013/Bills/House/PDF/H786v6.pdf>

Certifications

- (1) **Pursuant to G.S. 143-48.5 and G.S. 147-33.95(g)**, the undersigned hereby certifies that the Contractor named below, and the Contractor's subcontractors, complies with the requirements of Article 2 of Chapter 64 of the NC General Statutes, including the requirement for each employer with more than 25 employees in North Carolina to verify the work authorization of its employees through the federal E-Verify system." E-Verify System Link: www.uscis.gov
- (2) **Pursuant to G.S. 143-59.1(b)**, the undersigned hereby certifies that the Contractor named below is not an "ineligible Contractor" as set forth in G.S. 143-59.1(a) because:
 - (a) Neither the Contractor nor any of its affiliates has refused to collect the use tax levied under Article 5 of Chapter 105 of the General Statutes on its sales delivered to North Carolina when the sales met one or more of the conditions of G.S. 105-164.8(b); **and**
 - (b) [check **one** of the following boxes]
 - ☐ Neither the Contractor nor any of its affiliates has incorporated or reincorporated in a "tax haven country" as set forth in G.S. 143-59.1(c)(2) after December 31, 2001; **or**
 - ☐ The Contractor or one of its affiliates **has** incorporated or reincorporated in a "tax haven country" as set forth in G.S. 143-59.1(c)(2) after December 31, 2001 **but** the United States is not the principal market for the public trading of the stock of the corporation incorporated in the tax haven country.
- (3) **Pursuant to G.S. 143-59.2(b)**, the undersigned hereby certifies that none of the Contractor's officers, directors, or owners (if the Contractor is an unincorporated business entity) has been convicted of any

violation of Chapter 78A of the General Statutes or the Securities Act of 1933 or the Securities Exchange Act of 1934 within 10 years immediately prior to the date of the bid solicitation.

(4) *The undersigned hereby certifies further that:*

(f) *He or she is a duly authorized representative of the Contractor named below;*

(g) *He or she is authorized to make, and does hereby make, the foregoing certifications on behalf of the Contractor; and*

(h) *He or she understands that any person who knowingly submits a false certification in response to the requirements of G.S. 143-59.1 and -59.2 shall be guilty of a Class I felony.*

Contractor's Name

Signature of Contractor's Authorized Agent

Date

Printed Name of Contractor's Authorized Agent

Title

Signature of Witness

Title

Printed Name of Witness

Date

The witness should be present when the Contractor's Authorized Agent signs this certification and should sign and date this document immediately thereafter.

FFATA Form

Federal Funding Accountability and Transparency Act (FFATA) Data Reporting Requirement NC DHHS, Division of Public Health Subawardee Information

A. Exemptions from Reporting

1. Entities are **exempted** from the entire FFATA reporting requirement if **any** of the following are true:
 - The entity has a gross income, from all sources, of less than \$300,000 in the previous tax year
 - The entity is an individual
 - If the required reporting would disclose classified information
2. Entities who are not exempted for the FFATA reporting requirement may be exempted from the requirement to provide executive compensation data. This executive compensation data is **required only if both** are true:
 - More than 80% of the entity's gross revenues are from the federal government **and** those revenues are more than \$25 million in the preceding fiscal year
 - Compensation information is not already available through reporting to the U.S. Securities and Exchange Commission.

By signing below, I state that the entity listed below is exempt from:

The entire FFATA reporting requirement:

- ☐ as the entity's gross income is less than \$300,000 in the previous tax year.
- ☐ as the entity is an individual.
- ☐ as the reporting would disclose classified information.

Only executive compensation data reporting:

- ☐ as at least one of the bulleted items in item number 2 above is not true.

Reference only — Not for signature

Signature _____ Name _____ Title _____

Entity _____ Date _____

B. Reporting

1. **FFATA Data** required by all entities which receive federal funding (except those exempted above) per the reporting requirements of the *Federal Funding Accountability and Transparency Act (FFATA)*.

Entity's Legal Name _____ Contract Number _____

☐ Active SAM registration record is attached

An active registration with SAM is required

Entity's DUNS Number _____

Entity's Parent's DUNS Nbr
(if applicable) _____

Entity's Location

street address _____

city/st/zip+4 _____

county _____

Primary Place of Performance for specified contract

Check here if address is the **same** as Entity's Location ☐

street address _____

city/st/zip+4 _____

county _____

2. **Executive Compensation Data** for the entity's five most highly compensated officers (unless exempted above):

Title	Name	Total Compensation
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Appendix B: Nurse-Family Partnership Model Elements



Nurse-Family Partnership Model Elements Revised February 2017

Introduction: Nurse-Family Partnership® (NFP) nurse home visitors and nurse supervisors implement the program with fidelity to the NFP model. Fidelity is the extent to which there is adherence to the model elements. Applying the model elements in practice provides a high level of confidence that the outcomes achieved by families who enroll in the program will be comparable to those achieved by families in the three randomized, controlled trials and outcomes from ongoing research on the program. In addition to applying the model elements to implementation, fidelity includes agency and nurse uptake and application of new research findings and new innovations, as well as adjusting NFP practice to the changing context and demographics of NFP clientele.

Element 1: Client participates voluntarily in the Nurse-Family Partnership program.

Description Nurse-Family Partnership services are designed to be supportive and build self-efficacy. Voluntary enrollment promotes building trust between the client and her nurse home visitor. Choosing to participate empowers the client. Involuntary participation is inconsistent with this goal. It is understood that agencies may receive referrals from the legal or welfare system, health care providers and others that could be experienced by the client as a requirement to participate. It is essential that the decision to participate be between the client and her nurse without any pressure to enroll.

Element 2: Client is a first-time mother.

Description First-time mother is a nulliparous woman, having no live births. Nurse-Family Partnership is designed to take advantage of the ecological transition, the window of opportunity, in a first-time mother's life. At this time of developmental change, a woman is feeling vulnerable and more open to support. Women who have experienced neonatal death, loss of custody or relinquishment within the neonatal period (first 30 days after baby's birth) may be eligible after thoughtful consideration from the Nurse Supervisor and Nurse Consultant. Note: Requirement for variance removed.

The Prevention Research Center at the University of Colorado collaborated with a variety of tribal programs and organizations to implement and evaluate enrollment of American Indian and Alaska Native (AI/AN) multiparous clients in NFP in a manner that met the NFP eligibility requirements and honored tribal traditions. As a result, multiparous tribal members living in

proximity to their tribal lands and those that are a part of a tribal designated organization and meet other enrollment eligibility may enroll in NFP.

Clients are much more inclined to enroll when follow-up on referrals occurs within 48-72 business hours. This exceptional customer service immediately establishes the value of the program to a prospective client.

Element 3: Client meets low-income criteria at intake.

Description The Elmira study was open to women of all socioeconomic backgrounds. The investigators found that higher-income mothers had more resources available to them outside of the program, so they did not get as much benefit from the program. From a cost-benefit and policy standpoint, it's better to focus the program on the most vulnerable low-income women. Implementing agencies, with the support of the Nurse-Family Partnership National Service Office, establish a threshold for who are the most vulnerable low-income clients in the context of their own community for their target population, with the understanding that vulnerable at-risk women show the greatest benefit from the program.

Element 4: Client is enrolled in the program early in her pregnancy and receives her first home visit by no later than the end of the 28th week of pregnancy.

Description A client is considered to be enrolled when she receives her first visit and all necessary forms have been signed. If the client is not enrolled during the initial home visit, the recruitment contact should be recorded in the client file according to agency policy. Early enrollment allows time for the client and nurse home visitor to establish a relationship before the birth of the child and allows time to address prenatal health behaviors which affect birth outcomes and the child's neurodevelopment. Additionally, program dissemination data show that earlier entry into the program is related to longer stays during the infancy phase, increasing a client's exposure to the program and offering more opportunity for behavior changes.

Element: 5 Client is visited one-to-one: one nurse home visitor to one first-time mother/family.

Description Clients are visited one nurse home visitor to one first-time mother. The mother may choose to have other supporting family members/significant other(s) in attendance during scheduled visits. In particular, fathers are encouraged to be part of visits when possible and appropriate. The nurse home visitor engages in a therapeutic nurse-client relationship focused on promoting the client's abilities and behavior change to protect and promote her own health and the well-being of her child. It is important for nurse home visitors to maintain professional boundaries within the nurse-client relationship.

Some agencies have found it useful to have other nurses on their team at times to accompany the primary nurse home visitor for peer consultation. This helps the client to understand that there is a team of nurse home visitors available and that this second nurse home visitor could fill in if needed. This may reduce client attrition if the first nurse is on leave or leaves the program. Other team members, such as a social worker or mental health specialist, may also accompany nurses on visits as part of the plan of care.

The addition of group activities to enhance the program is allowed but cannot take the place of the individual visits and cannot be counted as visits. It is expected that clients will have their own individual visits with their nurse, and not joint visits with other clients.

Element 6 Client is visited in her home as defined by the client, or in a location of the client's choice.

Description The program is delivered in the client's home, which is defined as the place where she is currently residing or as otherwise defined by the client. Her home can be a shelter or a situation in which she is temporarily living with family or friends. Visiting the client and child in the home allows the nurse home visitor a better opportunity to observe, assess and understand the client's context and challenges within the home situation, however, the client makes the choice of visit location. It is understood that there may be times when the client's living situation or her work/school schedule make it difficult to see the client/child in the home and the visit needs to take place in other settings. In addition, a client and nurse may agree based on client strengths and risks and context that some visits could be made through a telehealth approach.

Element 7 Client is visited throughout her pregnancy and the first two years of her child's life in accordance with the standard NFP visit schedule or an alternative visit schedule agreed upon between the client and nurse.

Description Clients in the randomized controlled trials were seen on a planned schedule that allowed flexibility. Recent NFP studies have shown increased client retention when the visit schedule is adjusted to client needs. In the standard NFP visit schedule, prenatal visits occur once a week for the first four weeks, then every other week until the baby is born. Postpartum visits occur weekly for the first six weeks and then every other week until the baby is 21 months. From 21-24 months visits are monthly. To meet the needs of the individual family, the nurse home visitor may increase or reduce the frequency of visits and is encouraged visit in the evening or on weekends based on nursing assessment and client request. A significantly decreased schedule over the course of the program or a "vacation" from the program may be used to meet the client's needs and retain the client in the program when the nurse and client collaborate to establish an "Alternate Visit Schedule" that is approved by the NFP supervisor. An expectation that a home visitor is available for regular contact with the family over a long period of time, even if families do not use the home visitor to the maximum level recommended, can be a powerful tool for change.

Element 8 Nurse home visitors and nurse supervisors are registered professional nurses with a minimum of a Baccalaureate degree in nursing.

Description When hiring, it is expected that nurse home visitor and nurse supervisor candidates will be evaluated based on the individual nurses' background and levels of knowledge, skills and abilities taking into consideration the nurses' experience and education. A Baccalaureate degree in Nursing is considered to be the standard educational background for entry into public health and provides background for this kind of work. For nurse supervisors a Master's degree in Nursing is preferred. It is understood that both education and experience are important. Agencies may find it difficult to hire Baccalaureate-prepared nurses or may find well prepared nurses that do not have a Baccalaureate degree in Nursing. In making this decision, agencies need to consider each individual nurses' qualifications, and as needed, provide additional professional development to meet the expectations of the role. Non-Baccalaureate-prepared nurses should be encouraged and provided support to complete their Baccalaureate degree in Nursing. Agencies and supervisors can seek consultation on this issue from their nurse consultant.

Element 9 Nurse home visitors, and nurse supervisors participate in and complete all education required by the NFP NSO. In addition, a minimum of one current NFP administrator participates in and completes the Administration Orientation required by NFP NSO.

Nurse-Family Partnership National Service Office (NFP NSO) requires all nurse home visitors, supervisors and at least one administrator employed to provide NFP services to participate in and complete all NFP education required for their position in a timely manner. The NFP NSO may modify its education requirements from time to time, as it determines necessary to implement the program with fidelity to the NFP Model based on its current research and study.

Element 10 Nurse home visitors, use professional knowledge, nursing judgment, nursing skills, screening tools and assessments, frameworks, guidance and the NFP Visit-to-Visit Guidelines to individualize the program to the strengths and risks of each family and apportion time across the defined program domains.

Description A strengths and risks framework, approved screening and assessments, and the NFP Visit-to-Visit Guidelines guide nurse home visitors in the delivery of the intervention. Nurse home visitors apply client-centered principles and use strength-based approaches and communication techniques in working with families to individualize the program to meet the client's needs within the NFP domains. The domains include:

1. Personal Health (health maintenance practices; nutrition and exercise; substance use; mental health)
2. Environmental Health (home; work; school and neighborhood)
3. Life Course (family planning; education and livelihood)
4. Maternal Role (mothering role; physical care; behavioral and emotional care of child)
5. Friends and Family (personal network relationships; assistance with childcare)
6. Health and Human Services (linking families with needed referrals and services)

Element 11 Nurse home visitors and supervisors apply nursing theory, nursing process and nursing standards of practice to their clinical practice and the theoretical framework that underpins the program, emphasizing Self-Efficacy, Human Ecology and Attachment theories, through current clinical methods.

Description The underlying theories are the basis for the Nurse-Family Partnership Program. The clinical methods that are taught in the education sessions and promoted in the NFP Visit-to-Visit Guidelines are an expression of these theories. These theories provided the framework that guided the development of the NFP Visit-to-Visit Guidelines, Nurse Home Visitor and Supervisor Competencies, and Nurse-Family Partnership Education. They are a constant thread throughout the model and Nurse-Family Partnership clinical nursing practice. Application of nursing theory, nursing process and nursing standards of practice are foundational to quality NFP nursing practice and program implementation.

Element 12 A full-time nurse home visitor carries a caseload of 25 or more active clients.

Description Full time is considered 35-40-hour work week. Agencies with a different definition for full time should prorate the nurse's caseload accordingly. At least half-time employment (20-hour work week) is necessary in order for nurse home visitors to become proficient in the delivery of the program model. Existing teams that already are in place but do not meet these expectations should consult with their nurse consultant.

A caseload of 25 or more supports the goals of reaching more clients that need the program and helping them improve their lives and the lives of their children. Several tools have been introduced (alternate visits and the STAR framework) and more are forthcoming (telehealth, outreach support) that support the nurse home visitor's ability to maintain a higher caseload, thereby reducing the cost of the program per family and enabling more families to receive the NFP program. Entities that fund the program expect caseloads of 25 and fulfilling that expectation helps sustain the program. It is understood that caseload size will vary from time to time for various anticipated reasons. Supervisors work with the team to maintain 85-100% caseload after the ramp up period. Caseloads may exceed 25 when a nurse home visitor carries clients on reduced schedules or telephone visits resulting in fewer home visits per month. Caseload may not exceed 30 without approval from the NSO.

Active clients are those who are receiving visits in accordance with the NFP program or with the visit schedule, location and content plan established by the client and the nurse. In practice, clients are considered participating if they are having regular visits per the standard NFP visit schedule. Clients are also considered active if they are participating according to an "Alternate Visit Schedule," developed by the client and nurse and approved by the nurse supervisor, and they have been seen within 90 days. New Nurse Home Visitors build up a caseload of 25 over the first 9-12 months of service.

Element 13 NFP agencies are required to employ at all times a NFP nurse supervisor.

Description A NFP nurse supervisor is a registered nurse with a license in good standing. The supervisor must possess a Bachelor's degree in Nursing and a Master's degree in Nursing is preferred. Full time is considered 35-40 hour work week. It is expected that a full-time nurse supervisor provides supervision for no more than eight individual nurse home visitors, given the expectation for one-to-one supervision, program development, referral management and other administrative tasks. It also is assumed that other administrative tasks may be included in time dedicated to NFP, including the supervision of some additional NFP administrative, clerical and interpreter staff. The minimum time for a nurse supervisor is 20 hours a week with a team of no more than four individual nurse home visitors regardless of how the agency defines full time. Though NFP discourages smaller teams, even teams with less than four nurse home visitors still require at least a half-time supervisor.

Element 14 Nurse supervisors provide nurse home visitors clinical supervision with reflection, demonstrate integration of the theories, and facilitate professional development essential to the nurse home visitor role through specific supervisory activities including one-to-one clinical supervision, case conferences, team meetings and field supervision.

Description To ensure that nurse home visitors are clinically competent and supported to implement the Nurse-Family Partnership Program, nurse supervisors provide clinical supervision with reflection through specific supervisory activities. These activities include:

1. One-to-one clinical supervision: A meeting between a nurse and supervisor in one-to-one weekly, one-hour sessions for the purpose of reflecting on a nurse's work including thoughts, feelings, insights about what is motivating about the work, review clients on the caseload through the strengths and risks framework and discuss what is challenging in order to prevent or address job stress and burnout and compassion fatigue as well as to address quality improvement and professional development. Supervisors use the principles of reflection as outlined in NFP

supervisor education. Supervisors who carry a caseload will make arrangements for clinical supervision with reflection from a qualified person other than the nurse home visitors he/she supervises.

2. Case conferences: Meetings with the team dedicated to joint review of clients, using reflection for the purposes of solution finding, problem solving and professional growth. Experts from other disciplines are invited to participate when such input would be helpful. Case conferences reinforce the reflective process. Case conferences are to be held twice a month for 1 ½ to 2 hours.

3. Team meetings: Meetings held for administrative purposes, to discuss program implementation issues, and team building twice a month for at least an hour or more as needed for team meetings. Team meetings and case conferences alternate weekly so there is one meeting of the team every week.

4. Field supervision: Joint home visits with supervisor and nurse. Every four months the supervisor makes a visit with each nurse to at least one client and additional visits on an as needed basis at the nurse's request or if the supervisor has concerns. At a minimum, time spent should be 2 – 3 hours per nurse every four months. Some supervisors prefer to spend a full day with nurses, enabling them to observe comprehensively the nurse's typical day as well as her home visit, time and case management skills and charting. After joint home visits with a supervisor and nurse, a joint visit observation form is completed and discussed.

Element 15 Nurse home visitors and nurse supervisors collect data as specified by the Nurse-Family Partnership National Service Office and ensure that it is accurately entered into the NFP data collection system in a timely manner.

Description Data are collected, entered into the NFP data collection system and subsequently used to address practice. If data are entered into a third-party data system, data must be transferred to the NFP NSO in a form and format and on a schedule that meets NFP specifications.

Element 16 NFP nurse home visitors and supervisors use data and NFP reports to assess and guide program implementation, enhance program quality and demonstrate program fidelity and inform clinical practice and supervision.

Description Data are utilized to guide improvements in program implementation and nursing practice within the model and demonstrate fidelity. The reports are tools with which nurse home visitors and supervisors assess and manage areas where system, organizational, or operational changes are needed in order to enhance the overall quality of program implementation and operations and inform reflective supervision of each nurse. It is expected that both supervisors and nurse home visitors will review and utilize data.

Element 17 A Nurse-Family Partnership implementing agency is located in and operated by an organization known in the community for being a successful provider of prevention services to low-income families.

Description An Implementing Agency is an organization committed to providing internal and external advocacy and support for the NFP program and demonstrate the desire to satisfy community needs by reaching families in need. This agency also will provide visible leadership and passion for the program in their community and assure that NFP staff members are provided with all tools necessary to assure program fidelity.

Element 18 A Nurse-Family Partnership Implementing Agency convenes a long-term Community Advisory Board that reflects the community composition and meets at least quarterly to implement a community support system for the program and to promote program quality and sustainability.

Description A Community Advisory Board is a group of committed individuals/organizations who share a passion for the NFP program and whose expertise can advise, support and sustain the program over time. The agency builds and maintains community partnerships that support quality implementation provide resources, promote visibility of program successes and advocate for ongoing funding. If an agency cannot create a group specifically dedicated to the Nurse-Family Partnership program, and existing groups are in place that have a similar mission and role dedicated to supporting services for low-income mothers, children and families, it is acceptable to participate in these groups in place of a NFP dedicated group. However, it is essential that NFP be a standing agenda item and issues important to the implementation and sustainability of the NFP program are brought forward and addressed on a routine basis.

Element 19 Adequate organizational support and structure shall be in place to support nurse home visitors and nurse supervisors to implement the program with fidelity to the model.

Description Support includes the necessary infrastructure to support and implement the program with fidelity. This includes the necessary physical space, desks, computers, cell phones, filing cabinets and other infrastructure to carry out the program. A person primarily responsible for key administrative support tasks for NFP staff is also required. This resource addresses the paperwork, copying, ordering, phoning, data entry, report review and other administrative processes necessary to ensuring accuracy of data entry and allowing nurse home visitors time to focus on their primary role of providing services to clients. NFP Implementing Agencies shall employ at least one 0.5 FTE general administrative staff member per 100 clients to support the nurse home visitors and nurse supervisors and to accurately enter data into the Nurse-Family Partnership National Service Office database on a timely basis and perform other administrative duties to support program implementation. NFP agencies shall designate at least one senior leadership/administrative level person (“the NFP administrator”) from the organization to dedicate time and attention to NFP implementation and sustainability. This person will attend NFP administrator orientation.

Appendix C: MIECHV Benchmarks Summary

MIECHV BENCHMARKS SUMMARY

1. Percent of infants (among mothers who enrolled in home visiting prenatally before 37 weeks) who are born preterm following program enrollment
2. Percent of infants (among mothers who enrolled in home visiting prenatally) who were breastfed any amount at 6 months of age
3. Percent of primary caregivers enrolled in home visiting who are screened for depression using a validated tool within 3 months of enrollment (for those not enrolled prenatally) or within 3 months of delivery (for those enrolled prenatally)
4. Percent of children enrolled in home visiting who receive the last recommended visit based on the American Academy of Pediatrics (AAP) schedule.
5. Percent of mothers enrolled in home visiting prenatally or within 30 days after delivery who received a postpartum visit with a healthcare provider within 8 weeks (56 days) of delivery
6. Percent of primary caregivers enrolled in home visiting who reported using tobacco or cigarettes at enrollment and were referred to tobacco cessation counseling or services within 3 months of enrollment

BENCHMARK AREA: CHILD INJURIES, ABUSE, NEGLECT, AND MALTREATMENT AND EMERGENCY DEPARTMENT VISITS

7. Percent of infants enrolled in home visiting that are always placed to sleep on their backs, without bed-sharing or soft bedding
8. Rate of injury-related visits to the Emergency Department (ED) since enrollment among children enrolled in home visiting
9. Percent of children enrolled in home visiting with at least 1 investigated case of maltreatment following enrollment within the reporting period

BENCHMARK AREA: SCHOOL READINESS AND ACHIEVEMENT

10. Percent of primary caregivers enrolled in home visiting who receive an observation of caregiver-child interaction by the home visitor using a validated tool
11. Percent of children enrolled in home visiting with a family member who reported that during a typical week s/he read, told stories, and/or sang songs with their child daily, every day
12. Percent of children enrolled in home visiting with a timely screen for developmental delays using a validated parent-completed tool
13. Percent of home visits where primary caregivers were asked if they have any concerns regarding their child's development, behavior, or learning

BENCHMARK AREA: CRIME OR DOMESTIC VIOLENCE

14. Percent of primary caregivers enrolled in home visiting who are screened for interpersonal violence (IPV) within 6 months of enrollment using a validated tool

BENCHMARK AREA: FAMILY ECONOMIC SELF-SUFFICIENCY

15. Percent of primary caregivers who enrolled in home visiting without a high school degree or equivalent who subsequently enrolled in, maintained continuous enrollment in, or completed high school or equivalent during their participation in home visiting.

16. Percent of primary caregivers enrolled in home visiting who had continuous health insurance coverage for at least 6 consecutive months.

BENCHMARK AREA: COORDINATION AND REFERRALS FOR OTHER COMMUNITY RESOURCES AND SUPPORTS

17. Percent of primary caregivers referred to services for a positive screen for depression who receive one or more service contacts.

18. Percent of children enrolled in home visiting with positive screens for developmental delays (measured using a validated tool) who receive services in a timely manner.

19. Percent of primary caregivers enrolled in home visiting with positive screens for Intimate Partner Violence (IPV), measured using a validated tool who receive referral information to IPV resources.

Health Resources and Services Administration, Maternal and Child Health Bureau, Division of Home Visiting and Early Childhood Systems. *The Maternal, Infant, and Early Childhood Home Visiting Program: Form 2 Performance and Systems Outcome Measures*; 2016

Appendix D: NC MIECHV Monthly Update

NC MIECHV MONTHLY UPDATE

(Note: Figures reported as of last day of the month.)

MIECHV families served 1/1/2015 - 12/31/2015 = 563

Data Report for: April 2017

SITE	NC Home Visiting Totals (Sites fully or partially funded by MIECHV)	Buncombe County NFP	Gaston County NFP	Northeastern Collaborative	Robeson-Columbus NFP	NFP Totals
Program Initiation Date		10/28/2009	7/18/2012	6/31/12	2/11/2009	
MIECHV Program Initiation Date		9/4/2012	7/18/2012	6/31/12	3/14/2012	
Total home visitors	38.3	8	4	6	8	26
MIECHV home visitors	23	1	4	5	4	14
Total supervisors	7.5	1	1	1	1	4
MIECHV supervisors	5	0.125	1	0.83	0.5	2.46
Total current staff vacancies	1	0	0	0	0	0
MIECHV current staff vacancies	2	0	0	0	0	0.00
Total annual program capacity based on current budget	850	200	100	150	200	650
MIECHV annual program capacity based on current budget	490	25	100	125	100	350
*Total program current capacity	732	196	96	125	158	575
*MIECHV program current capacity	411	25	96	100	75	296
Total current caseload	637	164	75	102	154	495
MIECHV current caseload	344	24	75	79	64	242
Percentage of total capacity achieved	87%	84%	78%	82%	97%	86%
Percentage of MIECHV capacity achieved	84%	96%	78%	79%	85%	82%
**Total # caseload openings at end of month	95	32	21	23	4	80
**MIECHV # caseload openings at end of month	67	1	21	21	11	54
Total referrals into program over past month	87	17	12	13	34	76
MIECHV referrals into program over past month	46	3	12	9	13	37
Total enrolled into program over past month	22	4	0	9	6	19
MIECHV enrolled into program over past month	15	0	0	9	3	12
MIECHV target children in program	287	18	63	47	59	187
Total families served* in past month	556	131	69	79	137	416
MIECHV families served* in past month	298	14	69	58	58	199
MIECHV families served* since January 1, 2017	370	27	80	83	65	255
Total families discharged in past month due to graduation	12	5	2	0	1	8
MIECHV families discharged in past month due to graduation	5	0	2	0	0	2
Total families discharged in past month due to other reasons	14	3	0	3	4	10
MIECHV families discharged in past month due to other reasons	7	0	0	1	2	3
Total completed home visits over past month	858	163	106	135	186	590
MIECHV completed home visits over past month	448	11	106	90	71	278

NFP Model:

*NFP program current capacity reflects the number of families the program currently can serve based on the number of FTE nurse home visitors, building caseload per model expectations, and transition planning. Please contact the NC NFP State Nurse Consultant for additional information.

**Caseload openings at end of month is calculated by subtracting the current caseload from the program current capacity. A negative number reflects NHVs who are carrying over the recommended caseload of 25 clients.

+Served = A client is served if they have had a completed or attempted home visit or a telephone call.

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